

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of Mayfield

PHA Number: KY040

PHA Fiscal Year Beginning: 01/2002

PHA Plan Contact Information:

Name: Donald E. Costello, Jr.

Phone: 270-247-6391

TDD: 800-648-6056

Email (if available):mayfldha@belsouth.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

Main administrative office of the PHA

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at:

Main administrative office of the PHA

PHA Plan Supporting Documents are available for inspection at:

Main business office of the PHA

PHA Programs Administered:

Public Housing and Section 8

Annual PHA Plan

Fiscal Year 2002

[24 CFR Part 903.7]

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Annual Plan

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1. Summary of Policy or Program Changes for the Upcoming Year

The Housing Authority of Mayfield up-dated its resident and program policies with the assistance of its RAB. In addition capital improvement plans were developed for the next five years and the future (out 15 years)

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

A. **Yes** : Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated Capital Fund Program grant for the upcoming year? \$ 400,000

C. **Yes** Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

1. **No**: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

The HA may conduct demolition activities in future years if high vacancy rate continues and home ownership is successful.

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. **Yes** : Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

The HA will begin developing its plan in accordance with all of the applicable regulations.

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

A. **No:** Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

C. **No** Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. **Yes** : Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are:

RAB does not like the community service requirement

RAB does not like the new lease requirement of not allowing residents to receive non-residents mail

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

No: below or

Yes :Considered comments, but determined that no changes to the PHA Plan were necessary.

Community service requirement is a matter of law, the Housing Authority can not change law but wrote its policy as liberal as it can

The Housing authority will use this provision of not allowing non-resident mail to help combat fraud, but mail that is addressed care of a resident will be allowed, but as with all lease provisions each resident's case will be evaluated on its own merits.

B. Statement of Consistency with the Consolidated Plan

1. Consolidated Plan jurisdiction: (provide name here)
State of Kentucky, administered by the Kentucky Housing Corp.

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

Consulted with Area Development District

3. PHA Requests for support from the Consolidated Plan Agency

No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
HA of Mayfield's Annual Plan is consistent with Kentucky's Consolidated Plan as Mayfield's plan provides for improved housing opportunities and conditions for lower income families.

C. Criteria for Substantial Deviation and Significant Amendments

Amendment and Deviation Definitions

24 CFR Part 903.7(r)

A. Substantial Deviation from the 5-year Plan:

Only changes in goals are considered substantial deviations, all other changes are considered minor deviations

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the annual plan is defined as any change to the overall goals of the Housing Authority

Attachment A **Supporting Documents Available for Review**

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
NA	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents,	Annual Plan:

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OMB Approval No: 2577-0226
Expires: 03/31/2002

	including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types X check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures check here if included in the public housing X A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> • Baseline law enforcement services for public housing developments assisted under the PHDEP plan; • Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); • Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; • Coordination with other law enforcement efforts; • Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and • All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

REQUIRED ATTACHMENT B: Capital Fund Program Annual Statement

Annual Statement/Performance and Evaluation Report

HUD 50075

OMB Approval No: 2577-0226

Expires: 03/31/2002

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)

PHA Name: Housing Authority of Mayfield	Grant Type and Number Capital Fund Program Grant No: KY36P04091099 Replacement Housing Factor Grant No:
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations	48,558	48,558
3	1408 Management Improvements		
4	1410 Administration	40,000	40,000
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	20,000	20,000
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	244,907	244,907
11	1465.1 Dwelling Equipment—Nonexpendable	17,202	17,202
12	1470 Nondwelling Structures		
13	1475 Nondwelling Equipment	12,054	12,054
14	1485 Demolition		
15	1490 Replacement Reserve		
16	1492 Moving to Work Demonstration		
17	1495.1 Relocation Costs		
18	1499 Development Activities		
19	1501 Collaterization or Debt Service		
20	1502 Contingency		
21	Amount of Annual Grant: (sum of lines 2 – 20)	382,721	382,721
22	Amount of line 21 Related to LBP Activities		
23	Amount of line 21 Related to Section 504 compliance		
24	Amount of line 21 Related to Security – Soft Costs		
25	Amount of Line 21 Related to Security – Hard Costs		
26	Amount of line 21 Related to Energy Conservation Measures		

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)
Part II: Supporting Pages**

PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program Grant No: KY36P04091099 Replacement Housing Factor Grant No:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
40-1	Window replacement	1460		109,171	
40-2	Furnace replacement with central Air	1460		135,736	
40-2	Convert Com Bld. Storage to office	1470		0	
40-3	No Work at this Time				
40-4	No Work at this Time				
HAW	Admin	1410		40,000	
HAW	Safety equipment	1475		2,797	
HAW	Operations	1406		48,558	
HAW	Generator/Welder	1475		2,756	
HAW	Chipper (moved from 909)	1475		6,501	
HAW	A&E	1430		20,000	
HAW	Appliance replacement	1465	.1	17,202	
40-2	Replace breaker boxes (included in furnace replacement above)	1460		0	0
40-2	Construct picnic shelter	1470		0	0
HAW	Safety program	1408		0	0
HAW	Vehicle replacement (moved to 909)	1475		0	0

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)
Part III: Implementation Schedule**

PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program No: KY36P04091099 Replacement Housing Factor No:					Federal
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			
	Original	Revised	Actual	Original	Revised	Actual	
40-1				09/30/2002			

40-2				09/30/2002			
HAW				09/30/2002			

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)				
PHA Name: Housing Authority of Mayfield			Grant Type and Number	
			Capital Fund Program Grant No: KY36P04050100	
			Replacement Housing Factor Grant No:	
Original Annual Statement Reserve for Disasters/ Emergencies			Revised Annual Statement (revision no: 2)	
Performance and Evaluation Report for Period Ending:			Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		
		Original	Revised	
1	Total non-CFP Funds			
2	1406 Operations	32,000	40,120	40,120
3	1408 Management Improvements	21,500	500	0
4	1410 Administration	40,000	40,000	40,000
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	29,000	19,500	19,500
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	247,120	305,000	236,000
11	1465.1 Dwelling Equipment—Nonexpendable	798	518	0
12	1470 Nondwelling Structures	27,000	0	
13	1475 Nondwelling Equipment	40,000	31,880	29,300

14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1499 Development Activities			
19	1501 Collaterization or Debt Service			
20	1502 Contingency			
21	Amount of Annual Grant: (sum of lines 2 – 20)	437,518	437,518	365,
22	Amount of line 21 Related to LBP Activities			
23	Amount of line 21 Related to Section 504 compliance			
24	Amount of line 21 Related to Security – Soft Costs			
25	Amount of Line 21 Related to Security – Hard Costs			
26	Amount of line 21 Related to Energy Conservation Measures			

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)
Part II: Supporting Pages**

PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program Grant No: KY36P04050100 Replacement Housing Factor Grant No:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
HAW	Operations	1406		32,000	40,120
HAW	Safety, training, software, ect	1408		500	500
HAW	Admin	1410		40,000	40,000
HAW	A&E	1430		19,500	19,500
40-1	Window replacement (FA)	1460		70,000	70,000
40-1	Furnace replacement with central Air	1460		190,000	190,000
40-1	Furnace room doors (FA)	1460		20,000	20,000
40-1	Tub shower walls (FA)	1460		25,000	25,000
HAW	Appliance replacement	1465	1	518	518
HAW	Vehicle replacement	1475		40,000	29,380
HAW	Carpet Cleaner	1475		0	2,500

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)
Part III: Implementation Schedule**

PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program No: KY36P04050100 Replacement Housing Factor No:		Federal
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)		

	Original	Revised	Actual	Original	Revised	Actual
ALL	03/30/2002			12/31/2003		

Annual Statement/Performance and Evaluation Report			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)			
PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program Grant No: KY36P04050102 Replacement Housing Factor Grant No:	
Original Annual Statement Performance and Evaluation Report for Period Ending:		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations	50,000	
3	1408 Management Improvements		
4	1410 Administration	40,000	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	20,000	
8	1440 Site Acquisition		
9	1450 Site Improvement	50,000	
10	1460 Dwelling Structures	210,000	
11	1465.1 Dwelling Equipment—Nonexpendable	2,000	
12	1470 Nondwelling Structures	40,000	

13	1475 Nondwelling Equipment			
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs	8,000		
18	1499 Development Activities			
19	1501 Collaterization or Debt Service			
20	1502 Contingency			
21	Amount of Annual Grant: (sum of lines 2 – 20)	420,000		
22	Amount of line 21 Related to LBP Activities			
23	Amount of line 21 Related to Section 504 compliance			
24	Amount of line 21 Related to Security – Soft Costs			
25	Amount of Line 21 Related to Security – Hard Costs			
26	Amount of line 21 Related to Energy Conservation Measures			

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)
Part II: Supporting Pages**

PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program Grant No: KY36P04050102 Replacement Housing Factor Grant No:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
HAW	Operations	1406		50,000	
HAW	Admin	1410		40,000	
HAW	A&E	1430		20,000	
40-1	Site work in assoc. with unit mod.	1450		50,000	
40-1	Major unit modernization	1460	12 units	170,000	
40-3	Roofing replacement	1460	5 buildings	40,000	
HAW	Office improvements	1470		2,000	
HAW	Vehicle replacement	1475	1	34,000	
HAW	Lawn mower replacement	1475	1	6,000	
40-1	Relocation costs assoc. with unit mod	1495	1 12 units	10,000	

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP)
Part III: Implementation Schedule**

PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program No: KY36P04050102 Replacement Housing Factor No:					Federal
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			
	Original	Revised	Actual	Original	Revised	Actual	

All	06/30/2004			12/31/2005			

**Capital Fund Program Five-Year Action Plan
Part I: Summary**

PHA Name		Housing Authority of Mayfield			Original Revision
Development Number/Name/HA-W	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant:2004 PHA FY: 2004	Work FFY PH	
40-1 Northeast	Annual tatemem	230,000	230,000	260,000	
40-2 Southwest		0	0		
40-3 Willow E		40,000	40,000		
40-4 Willow W		0	0	40,000	
HAW		150,000	150,000	140,000	
CFP Funds Listed for 5-year planning		420,000	420,000	444,000	
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2 ___ FFY Grant:2003 PHA FY: 2003			
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number
See	40-1 Northeast	Site work	50,000	40-1Northeast
Annual		Major unit mod	170,000	
Statement		Relocation	10,000	
	40-3 Willow East	Roofing replacement	40,000	40-3 Willow East
	HAW	Operations	50,000	HAW
		A&E	20,000	
		Admin	40,000	
		Vehicle replacement	34,000	
		Lawn mower replace	6,000	
Total CFP Estimated Cost			\$420,000	

**Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities**

Activities for Year : <u>4</u> FFY Grant: 2005 PHA FY: 2005			Activities for Year: FFY Grant:2006 PHA FY: 2006	
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories
40-1 Northeast	Site work	50,000	40-1 Northeast	Site work
	Major unit mod	200,000		Major unit mod
	Relocation	10,000		Relocation
40-4 Willow West	Roofing replacement	40,000	40-4	Roofing replacem
HAW	Operations	50,000		Kitchen update
HAW	A&E	20,000	HAW	Operations
HAW	Vehicle replacement	22,000	HAW	A&E
HAW	Lawn mower replace	8,000	HAW	Lawn mower repla
Total CFP Estimated Cost		\$ 440,000		

Required Attachment D: Resident Member on the PHA Governing Board

1. **Yes** : Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

Name of resident member(s) on the governing board:

Ms. Dorothy Moser
2048 Marion Circle
Mayfield, KY 42066
270-247-8472

How was the resident board member selected: (select one)?

Appointed by mayor as all commissioners are

C. The term of appointment is (include the date term expires): 4yr 12/2003

Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mr. Wayne Potts, Mayor, City of Mayfield

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ms. Bobbie Holmes, 710 Anderson AV, Mayfield, KY 42066

Ms. Racine Owens, 921 Loudocia DR, Mayfield, KY 42066

Ms. Jean Mayfield, 114 Willow DR., Mayfield, KY 42066

Ms. Carol Hendly, 141 John Boyd CT, Mayfield, KY 42066

Ms. Diane Perkins, 949 S 9th ST, Mayfield, KY 42066

Ms. Jerreldeane Shelton, 807 Ridgeway AV, Mayfield, KY 42066

Ms. Dorothy Moser, 2048 Marion CR., Mayfield, KY 42066

Residents were asked by the executive director if they would be willing to serve. The RAB is composed of one resident from each site and two from the section 8 program for a total of seven. The resident commissioner represents their site or program as one of the RAB members.

REQUIRED ATTACHMENT F: Deconcentration

Component 3, (6) Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete.**

If yes, continue to the next question.

- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.**

REQUIRED ATTACHMENT G: Conversion of Public Housing to Vouchers

The Housing Authority conducted its in house study and found it is not practical to convert to vouchers at this time.